SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERAGE 1 Of 1
<ul> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> </ul>	A. Signature  Agent  Addressee  B. Received by (Printed Name)  D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below:
MARK H. LEQUIRE MD 2055 MYRTLEWOOD DRIVE MONTGOMERY, AL 36111-1003	If YES, enter delivery address below: No  2:180/11903
9590 9402 2170 6193 0253 70  2. Article Number (Transfer from service label) 7016 1970 0000 9008 8589	3. Service Type    Adult Signature   Registered Mail™   Registered Mail™   Registered Mail™   Registered Mail™   Registered Mail™   Registered Mail Restricted Delivery   Signature Confirmation   Restricted Delivery   Registered Mail™   Registered Mail Restricted Delivery   Registered Mail™   Regis
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt